



404 - MEMBER INFORMATION POLICY

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Staff responsible for policy: DHCM Operations

I. Purpose

This policy applies to Acute Care and Arizona Long Term Care System (ALTCS) Contractors. This policy establishes guidelines for AHCCCS Contractors (and those who have been awarded contracts) regarding member information requirements and the approval process for member information materials developed by or used by the Contractor. This policy pertains to oral communication to members and written materials, including outreach materials that are disseminated to a Contractor's own members. It also pertains to the content of a Contractor's website. It does NOT pertain to marketing outreach or incentive materials, which are disseminated to potential members, as described in Policy 101, AHCCCS Marketing, Outreach and Incentives, in chapter 100 of this manual, unless the materials meet the description in III.A.2 below. The exception is the written and oral information specifically mentioned in this policy.

II. Definitions

Member information materials: Any materials given to the Contractor's membership. This includes, but is not limited to: member handbooks, member newsletters, surveys, on hold messages and health related brochures/reminders and videos, form letter templates, and website content. It also includes the use of other mass communication technology such as e-mail and voice recorded information messages delivered to a member's phone.

III. Policy

A. Oral Information

1. The Contractor must make oral interpretation services available to its members free of charge. Services for all non-English languages and the hearing impaired must be available.
2. The Contractor must make oral interpretation services available to potential members, free of charge, when oral information is requested for use in choosing among Contractors. Services for all non-English languages and the hearing impaired must be available.

**B. Printed Information****1. Materials Requiring Approval by the Administration**

All member information materials developed by the Contractor and disseminated to its own members must be submitted to the AHCCCS Administration for approval, prior to dissemination. This includes member material that is located on the Contractor's website, e-mail messages and voice recorded phone messages delivered to a member's phone.

2. Materials Not Requiring Approval by the Administration

Customized letters for individual members need not be submitted for approval. Health related brochures developed by a nationally recognized organization (see Attachment A) do not require submission to the AHCCCS Administration for approval. Attachment A is not an all inclusive list. Contractors may submit names of other organizations to AHCCCS to determine if they should be added to the list. Contractors will receive an updated copy of this Attachment, as necessary.

The Contractor will be held accountable for the content of materials developed by the organizations listed in Attachment A. AHCCCS suggests that the Contractor review the materials to ensure that: 1) the services are covered under the AHCCCS program; 2) the information is accurate; and 3) the information is culturally sensitive.

It is important to note that in all instances where the Contractor is required by its contract with AHCCCS to educate its members, brochures developed by outside entities must be supplemented with informational materials developed by the Contractor which are customized for the Medicaid population.

3. Reading Level and Language Requirements

All materials shall be translated when the Contractor is aware that a language is spoken by 3,000 or 10% (whichever is less) of the Contractor members who also have limited English proficiency (LEP) in that language.

All vital materials shall be translated when the Contractor is aware that a language is spoken by 1,000 or 5% (whichever is less) of the Contractor's members who also have LEP in that language. Vital materials must include, at a minimum, notices for denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, informed consent and all grievance and request for hearing information included in the Enrollee Grievance System Policy as described in the "Enrollee Grievance System Standards and Policy" section of the Acute Care Contract.



All written notices informing members of their right to interpretation and translation services in a language, shall be translated when the Contractor is aware that 1,000 or 5% (whichever is less) of the Contractor's members speak that language and have LEP.

The Contractor is not required to submit to the AHCCCS Administration the member material translated into a language other than English, however, it is the Contractor's sole responsibility to ensure the translation is accurate and culturally appropriate.

The Contractor shall make every effort to ensure that all information prepared for distribution is written in an easily understood language and format. The reading level and methodology used to measure it should be included with the submission.

The materials shall be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

4. Review of Materials

All proposed Contractor member materials will be reviewed by the Division of Health Care Management. Information shall be submitted via electronic mail (unless the material is not available in an electronic format). Proposed materials shall be submitted to:

Acute Care Contractor Materials

Acute Care Operations Manager (or her/his designee)
AHCCCS, Division of Health Care Management
701 E. Jefferson, Mail Drop 6500
Phoenix, AZ 85034

ALTCS Contractor Materials

ALTCS Manager (or her/his designee)
AHCCCS, Division of Health Care Management
701 E. Jefferson, Mail Drop 6100
Phoenix, AZ 85034

Proposed materials must be submitted 30 days before the intended publication date. AHCCCS will notify the Contractor in writing within fifteen (15) working days of receipt of the complete materials packet whether or not the materials have been approved, denied or require modification.



5. New Member Information

Acute Care Contractors shall produce and provide the following printed information to each member or family within ten (10) days of receipt of notification of the enrollment date. ALTCS Contractors shall produce and provide the following printed information to each member or family within twelve (12) working days of receipt of notification of the enrollment date.

A. Member Handbook

Both Acute and ALTCS Member Handbooks shall contain the following:

- a) A table of contents.
- b) A general description about how managed care works, particularly in regards to member responsibilities, appropriate utilization of services and the PCP's roll as gatekeeper of services.
- c) A description of all available covered services and an explanation of any service limitations or exclusions from coverage. The description should include a brief explanation of the Contractor's approval and denial process.
- d) How to obtain and change a PCP.
- e) The handbook revision date.
- f) How to make, change and cancel appointments with a PCP.
- g) List of applicable co-payments, what to do if a member is billed, and under what circumstances a member may be billed for non-covered services.
- h) Dual eligibility (Medicare and Medicaid) services received in and out of the Contractor's network and coinsurance and deductibles. See Section D, "Medicare Services and Cost Sharing" in the Contract.
- i) The process of referral and self-referral to specialists and other providers, including access to behavioral health services.
- j) How to file a complaint.



- k) What to do in case of an emergency and instructions for receiving advice on getting care in case of an emergency. In a life-threatening situation, the member handbook should instruct members to use the emergency medical services (EMS) available and/or activate EMS by dialing 9-1-1. The handbook should contain information on proper emergency service utilization. It must also state that a member has a right to obtain emergency services at any hospital or other emergency room facility (in or out of network).
- l) How to obtain emergency transportation and medically necessary transportation.
- m) EPSDT services: A description of the purpose and benefits of EPSDT services, including the required components of EPSDT screenings and the provision of all medically necessary services to treat a physical or mental illness discovered by the screenings. Screenings include a comprehensive history, developmental and behavioral health screening, comprehensive unclothed physical examination, appropriate vision testing, hearing testing, laboratory tests, dental screening and immunizations.
- n) Maternity and family planning services. This must include information on the importance of making, keeping and the availability of postpartum services, and an explanation regarding choosing a Primary Care Obstetrician. The ability to change Contractors for continuity of care reasons should be included (This is not applicable if there is only one Contractor in a GSA).
- o) Description of all covered behavioral health services and how to access these services.
- p) Out of country/out of state/out of geographic service area moves.
- q) All grievance and request for hearing information included in the Contractor's Enrollee Grievance System Policy as described in the "Grievance System" section of the Contract.
- r) Contributions the member can make towards his/her own health, member responsibilities, appropriate and inappropriate behavior, and any other information deemed essential by the Contractor. This shall include a statement that the member is responsible for protecting his or her ID card and that misuse of the card, including loaning, selling or giving it to others could result in loss of the member's eligibility and/or legal action. A sentence shall be included that stresses the importance of members keeping, not discarding, the ID card.
- s) Advance directives.
- t) Use of other sources of insurance. See Section D, "Coordination of Benefits/Third Party Liability" in the contract.



- u) A description of fraud and abuse, including instructions on how to report suspected fraud or abuse.
- v) A statement that informs the member of their right to request information on whether or not the Contractor has physician incentive plans (PIP) that affect the use of referral services, the right to know the types of compensation arrangements the Contractor uses, the right to know whether stop-loss insurance is required and the right to a summary of member survey results, in accordance with PIP regulation.
- w) The right to be treated fairly regardless of race, religion, gender, age or ability to pay.
- x) Instructions for obtaining culturally competent materials and/or services, including translated member materials.
- y) The availability of printed materials in alternative formats and how to access such materials.
- z) The availability of interpretation services for oral information at no cost to the member and how to obtain these services.
- aa) Information regarding prenatal HIV testing counseling services.
- bb) The right to know about providers who speak languages other than English.
- cc) How to obtain, at no charge, a directory of providers.
- dd) The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand the information.
- ee) Female members may have direct access to preventative and routine services from gynecology providers within the Contractor's network without a referral from a primary care provider.
- ff) The right to a second opinion from a qualified health care professional within the network, or have a second opinion arranged outside the network, only if there is not adequate in-network coverage, at no cost to the enrollee.
- gg) The right to request a copy of his/her medical record and/or inspect medical records at no cost.



- hh) The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- ii) The right to participate in decisions regarding his or her health care, including the right to refuse treatment.
- jj) Tobacco cessation information. This should include, but is not limited to, information regarding availability/accessibility of community support groups, information regarding the Arizona Smokers Helpline, and how members can seek tobacco cessation treatment, care and services.
- kk) Information on community resources that is applicable to the Contractor's population and geographic service area. Examples of acute care resources are WIC, Head Start, AzEIP and the 2-1-1 system. ALTCS resources may include Area Agency on Aging, Alzheimer's Association and the 2-1-1 system. The following links must be provided: www.myazhealthandwellness.com, www.MyAHCCCS.com and www.az211.com.

For Acute Care members, the member handbook shall also contain:

- a) Information on what to do when family size or other demographic information changes.
- b) How to contact Member Services and a description of its function.
- c) Description of all covered dental services and how to access these services, including the process for making dental appointments.
- d) How to access after hours care (urgent care).
- e) How to change Contractors.
- f) Information on where no cost/low cost family planning benefit and primary care coverage for members losing AHCCCS/Family Planning Services eligibility are available.

For ALTCS members the member handbook shall also contain:

- a) How to contact the case manager.
- b) Member's share of cost.
- c) Explanation of the Transition Program and services available.
- d) Detailed descriptions of all current residential placement options.



- e) Explanation of when Program Contractor Changes may occur.

B. Network Description/Provider Directory

The description shall, at a minimum, contain information about primary care providers, specialists, hospitals and pharmacies. ALTCS Program Contractors shall also include skilled nursing facilities and alternative residential settings. The description will include:

- a) Provider name
- b) Provider address
- c) Provider telephone number
- d) Non-English languages spoken
- e) Whether or not the provider is accepting new patients

The information will also include any restrictions on the member's freedom of choice among network providers. Because the information must be current, these materials do not have to meet the requirements specified in Attachment B "Potential Member Summary Document", but can be in the same form as typical correspondence to members.

6. Website Content

The Contractor must include the following member related information on its website. All of the information must be located on the Contractor's website in a manner that members can easily find and navigate (e.g. "Consumer Page" from the Contractor's home page).

- a. A current member handbook.
- b. The current and past three member newsletter.
- c. AHCCCS member and provider survey results via link to AHCCCS website
- d. Performance measure results via link to AHCCCS member website.
- e. Contractor member and provider survey results, as available.
- f. Formulary, which must be updated within 30 days of a change being made. The following shall be available in a user friendly format:
 - A medication formulary listing by the Brand name and/or Generic name of the medication, including notations for all medications that require a prior authorization.
 - A medication formulary listing by drug class.
 - A specific (individual) drug look-up capability.
- g. Tobacco Cessation Information, as described in the member handbook. A link to the Tobacco Education and Prevention Program (TEPP) website should be included.



- h. A user friendly, searchable provider directory. The directory must include the following search functions and be updated at least monthly, if necessary:
 - Name
 - Specialty/Service
 - Languages spoken by Practitioner
 - Office Locations (e.g. county, city or zip code)
- i. Information on community resources that is applicable to the Contractor's population and geographic service area. Examples of acute care resources are WIC, Head Start, AzEIP and the 2-1-1 system. ALTCS resources may include Area Agency on Aging, Alzheimer's Association and the 2-1-1 system. The following links should be provided: www.myazhealthandwellness.com, www.MyAHCCCS.com and www.az211.gov.
- j. Services for which prior authorization is required and prior authorization criteria.
- k. Best practice guidelines.

In addition, any information that is not listed above, that is directly related to members or potential members must be prior approved by the Division of Health Care Management.

The Division of Health Care Management will review the content of the Contractor's website to ensure the Contractor is in compliance with this policy and the AHCCCS contract.

7. Potential Member Information/Freedom of Choice Brochure (Acute Care Contractors Only)

The Contractor shall have summary information about its network available for *potential* members. The information must be updated at least quarterly. This material shall be contained in a document, which meets the specifications listed in Attachment B "Potential Member Summary Document".

The information will contain at a minimum:

- a) Providers including primary care, specialty, hospitals and pharmacy providers; and telephone numbers; and non-English languages spoken by providers.
- b) A toll free telephone number that the potential member may call for additional information. The Contractor must supply the new member "Network Description/Provider Directory" described above, if specific information is requested by a potential member.



IV. References

- Title 42 of the Code of Federal Regulations (42 CFR) Part 438
- Arizona Administrative Code R9-22, Article 5
- Acute Care Contract, Section D
- ALTCS Contract, Section D

**Attachment A****NATIONAL ORGANIZATIONS RECOGNIZED BY AHCCCS**

Ambulatory Pediatric Association
American Academy of Allergy, Asthma, and Immunology
American Academy of Child and Adolescent Psychiatry
American Academy of Ophthalmology
American Academy of Pediatrics
American Association of Cancer Education
American Association of Psychiatric Services for Children
American Association of Public Health Physicians
American Cancer Society, Inc.
American College of Allergy & Immunology
American College of Cardiology
American College of Emergency Physicians
American College Health Association
American College Medical Quality
American College of Nutrition
American College Obstetricians and Gynecologists
American College of Physicians
American College of Preventative Medicine
American Dental Association
American Diabetes Association
American Dietetic Association
American Gynecological and Obstetrical Society
American Heart Association
American Hospital Association
American Institute of Ultrasound in Medicine
American In Vitro Allergy/Immunology Society
American Lung Association
American Medical Association
American Medical Directors Association
American Medical Women's Association
American Pediatric Society
American Public Health Association
American Red Cross
American Society for Adolescent Psychiatry
American Society of Anesthesiologists
American for Clinical Nutrition
American Society for Reproductive Medicine
American Venereal Disease Association
Arizona Department of Health Services



Bright Futures
Centers for Disease Control and Prevention
Channing Bete Company
Health Wise
March of Dimes
Maricopa County Department of Health Services
National Perinatal Association
Produce for Better Health Foundation
U.S. Department of Health & Human Services
U.S. State Health Departments
World Medical Association

**ATTACHMENT B****POTENTIAL MEMBER SUMMARY DOCUMENT**

The summary information document describing the Contractor's network shall meet the following criteria. Please note that this applies only to Acute Care Contractors.

- A. "GSA XX" should be printed on the back of the materials. "XX" here represents the number (2,4,6,8,10,12, or 14) assigned to the GSA(s) described in the document.
- B. One 11 by 17 inch sheet of standard 20 pound paper. 50 pound "opaque" offset paper can also be used.
- C. The same kind of paper should be used consistently.
- D. Any color of paper may be used.
- E. The paper should be folded once in half to form an 8 ½ by 11 inch shape. The fold should be on the left, to be read from the top of the 8 ½ side to the bottom of the 8 ½ side.
- F. The paper should not be glossy, dyed or recycled. It may be die cut (for rounded corners, scalloped edges etc.), but there should be a flat edge on the left side.
- G. When provided to AHCCCSA (or its designated mailing house) the pages should not be wrapped, but should be boxed. The same size box for all the Contractor's flyers should be used and each box should contain the same count.
- H. The count and the GSA number should be marked on the box and each box should have a sample piece taped on the outside of the box.
- I. All sheets should face the same direction in the box.
- J. The Contractor should have the total amount marked on the delivery slip. The delivery slip will be given to AHCCCSA (or its designated mailing house).